

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
JAN 18 2010

Secretary of State
Capital Office

Candidate's Name John Mayo
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Office Sought House of Reps Dist 25 Political Party Dem

☐ Check here if above is different from previous report

TYPE OF REPORT

January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	1650 ⁰⁰	\$ 1650 ⁰⁰	\$ 1650 ⁰⁰
Total amount of disbursements	889	\$ 889	\$ 889 ⁰⁰
Total amount of cash on hand		\$ 2561 ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

John Mayo
Signature of Candidate

17 Jan '10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

John MayoReporting period Jan 1 '09 through Dec 31 '09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wal Greens</u>		<u>12/30/09</u>	\$ <u>750⁰⁰</u>
Mailing Address <u>1605 Grand Oaks</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Oxford, Ms 38655</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assn for Home Care</u>		<u>12/30/09</u>	\$ <u>300</u>
Mailing Address <u>134 Fairmont Suite B</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Clinton, Ms 39056</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Power Co</u>		<u>12/30/09</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>P.O. Box 4079</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Gulfport, Ms 39502</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee John Mayo
 Reporting period Jan 1 09 through Dec 31 09

ITEMIZED DISBURSEMENTS

A. Full name <u>Dem UPAC</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>Various</u>	\$ <u>550⁰⁰</u>
City, State, Zip Code <u>Jackson, MS</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$